



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>7/23/12</u> to <u>8/27/12</u>	
1. Committee I.D. Number <u>150545</u>	4. Candidate Last Name <u>Maillette</u> First Name <u>Colleen</u> M.I. <u>M</u>
2. Committee Name <u>Friends of Colleen Maillette</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>4th District County Commissioner</u>
5. Committee's Mailing Address <u>3123 Kirkwood Pl</u> <u>Bay City, MI 48706</u> Area Code and Phone <u>989-798-2412</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	4b. County of Residence <u>Bay County</u>
7. Treasurer's Business Address  Area Code and Phone _____	6. Treasurer's Name & Residential Address <u>(same)</u> Area Code & Phone _____
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b>	
9a. <input type="checkbox"/> Pre-Election <b>OR</b> 9b. <input checked="" type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee
<input type="checkbox"/> Convention <input type="checkbox"/> School	Effective Date of Dissolution _____
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Date of Election, Convention or Caucus <u>August 7, 2012</u>	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. <b>If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</b></small>	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper Type or Print Name <u>Colleen Maillette</u> Signature <u>Colleen Maillette</u> Date <u>9-4-12</u>	
Candidate Type or Print Name <u>Colleen Maillette</u> Signature <u>Colleen Maillette</u> Date <u>9-4-12</u>	



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**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150545

2. Committee Name Friends of Colleen Maillette

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>781.60</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>781.60</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>781.60</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>785.15</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>785.15</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	<u>100.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	_____	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>8.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>781.60</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>790.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>785.15</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>5.11</u>	*



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150545

2. Committee Name Friends of Colleen Maillette

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-27-12</u></p> <p>Name &amp; Address: <u>REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN</u> <u>720 N WASHINGTON AVE</u> <u>LANSING, MI</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>381.60</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-1-12</u></p> <p>Name &amp; Address: <u>Vickey Beson</u> <u>1946 E RIVER RD</u> <u>KAWKAWLIN, MI</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>owner</u> Employer <u>Beson TGA</u></p> <p>Business Address <u>1480 Sharon, Kawkawlin, MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>300.00</u>	\$ _____
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-1-12</u></p> <p>Name &amp; Address: <u>Colleen Maillette</u> <u>3123 Kirkwood Pl</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ _____
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name &amp; Address _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal

781.60

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

781.60

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150545  
2. Committee Name Friends of Colleen Maitlette

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Shirts Mugs &amp; More</u> Address <u>2728 Center Ave.</u> <u>Ess-erville, MI 48132</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/12</u> Date	<u>\$ 32.86</u>
<b>Expenditure #2</b> Name <u>Colleen Maitlette</u> Address <u>3123 Kirkwood Pl</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>debt to committee</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28/12</u> Date	<u>\$ 14.50</u>
<b>Expenditure #3</b> Name <u>Dornbaugh's Printing</u> Address <u>1131 E. Germesee Ave.</u> <u>Saginaw, MI 48607</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing of mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/12</u> Date	<u>\$ 333.90</u>
<b>Expenditure #4</b> Name <u>Postmaster</u> Address <u>Saginaw, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage for Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/12</u> Date	<u>\$ 343.89</u>
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

785.15

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

785.15

Enter this total  
on line 8a of  
Summary Page



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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 150545  
2. Committee Name Friends of Colleen Maillette

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes <u>Colleen Maillette</u> <u>3123 Kirkwood Pl</u> <u>Bay City, MI 48706</u>	4. Type: <u>Ad</u> 5. <u>Date Debt Was Incurred:</u> <u>6-24-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 74.50</u>	<u>7/28/12</u> <u>74.50</u> \$ \$ \$ \$	\$ <u>74.50</u>	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes <u>Colleen Maillette</u> <u>3123 Kirkwood Pl</u> <u>Bay City, MI 48706</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8-1-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 100.00  
Grand Total of all Schedules 1E 100.00  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.